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ABSTRACT

This report examines program integration as a way to improve the delivery of rural human services in Pennsylvania. A panel of policymakers, human services providers, and representatives of state agencies identified barriers to effective rural human services delivery and generated policy recommendations. Most county-based human services in Pennsylvania, including services related to aging, children and youth, drug- and alcohol-abuse, and mental health/mental retardation, are provided through separate or categorical county agencies. Problems associated with categorical human services delivery include: administrative duplication, treating interrelated problems separately, forcing clients to shop for services, promoting competition among client groups for scarce resources, and inappropriate funding to rural counties for their human services needs. Program integration would involve the creation of a single department at the county level responsible for providing all human services programs. Case studies comparing categorical and integrated human services agencies are presented. Strengths of the integration approach are: reduction of county administrative costs, referral of clients for the most cost-effective treatment, provision of family-centered treatment, promotion of comprehensive planning, encouragement of staff communication and cooperation, and reduction of client "shuffling" between separate agencies. The panel recommended that integration of county human services should not be mandated by the state but instead should be encouraged through changes in state policies and procedures. Descriptions of policy options are included. (LP)

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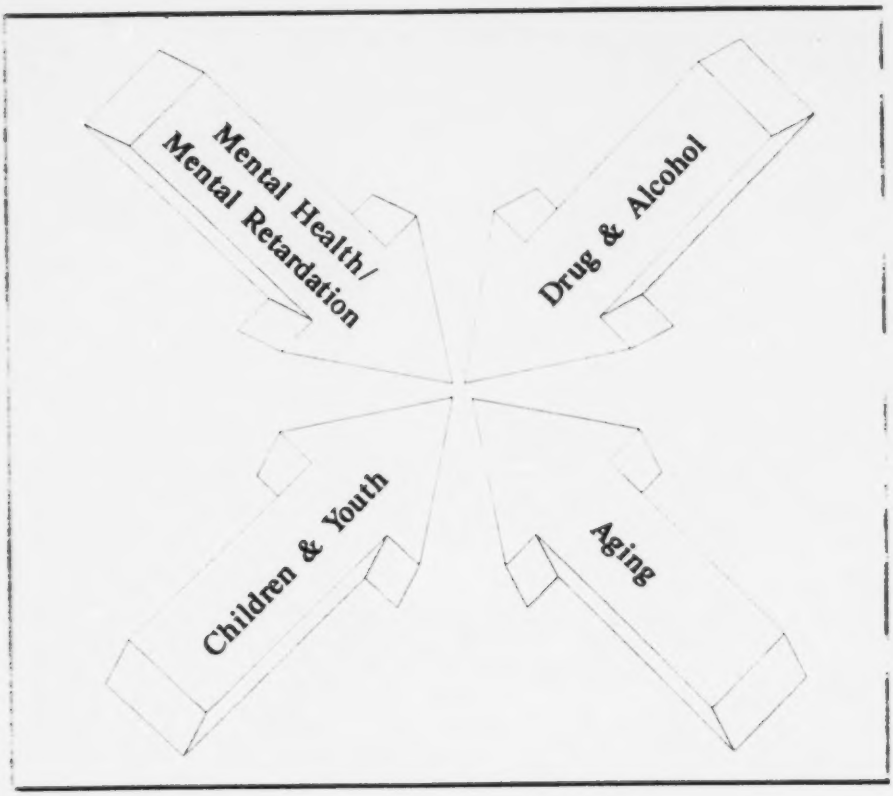

An Alternative for Improving County Rural Human Services Delivery

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PROGRAM INTEGRATION: AN ALTERNATIVE FOR IMPROVING COUNTY RURAL HUMAN SERVICES DELIVERY

March 1992
Technical Paper No. 13

A Report Prepared by

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Introduction

Pennsylvania's human services delivery system was not created as part of a grand plan. The system evolved as a patchwork design to address problems as they arose. In many cases, this led to a well-intended system, but one with uncoordinated parts. This lack of integration reduces the accessibility and effectiveness of the rural human services delivery system.

The Center for Rural Pennsylvania funded a research project at The Pennsylvania State University to examine ways to make the delivery of rural human services more efficient and effective. The project organized panels of rural policymakers, human services providers, and representatives of state agencies. The panel members identified barriers to effective rural human services delivery and generated policy recommendations. The project concluded that program integration was an alternative that could improve rural human services. Furthermore, the project recommended that integration of county human services should not be mandated by the state but instead encouraged through changes in state policies and procedures.

Highlights

Counties deliver most human services in Pennsylvania.

County-based human services include Aging, Children & Youth, Drug & Alcohol, and Mental Health/Mental Retardation Programs.

Most counties provide human services through several separate or categorical agencies, each with its own administration and client services.

Categorical human services programs are inefficient because they result in administrative duplication.

The state funds a share of county-based human services programs.

The state funds county-based human services through multiple categorical funding streams based upon the programs of Aging, Children & Youth, Drug & Alcohol, and Mental Health/Mental Retardation.

The state bases its funding for human services on formulas that do not address the unique characteristic of rural areas.

Integrated human services programs promote accessibility.

Integrated programs provide clients with a range of services under an umbrella organization. This compares to categorical programs that require clients to search several agencies for the services they need.

Integrated programs can reduce administrative duplication and provide services more cost-effectively.

The state's categorical funding and oversight approach hinders counties' efforts to provide human services through integrated departments.

Program Integration: An Alternative for Improving County Rural Human Services Delivery

Human Services Delivery Systems

What are human services? For the purposes of this report, human services, also known as county social services, are those services intended to improve the social functioning and well-being of people. They typically include social services administered as part of Aging, Children and Youth, Drug and Alcohol Programs, and Mental Health/Mental Retardation. They do not include income-support services like public assistance, unemployment benefits, or Social Security.

Delivery of human services in Pennsylvania has historically been the responsibility of county governments or their designees. State-level departments like Aging and Public Welfare fund and oversee programs and services. However, county governments administer the programs and provide the services. Counties have statutory responsibility to provide child welfare services as an entitlement. They must provide mental health and mental retardation services to the extent the state makes funds available.

Federal and state funding for county human services programs are mostly categorical. Each categorical funding stream has rules and regulations about how counties must use the money. In addition, the state requires counties to match certain categorical funding with local contributions according to formulas. Central control by state agencies and categorical funding are attempts by the state to create a uniform and equitable human services delivery system.

Problems With Categorical Human Services Delivery

Fosters administrative duplication
Treats problems separately even when they are interrelated
Forces clients to shop for services from several agencies
Promotes competition among client groups for scarce resources

Fosters administrative duplication

A categorical approach to human services delivery leads to duplication at the state and local level. At the state level, different departments are responsible for the oversight of individual human services programs. At the county level, categorical funding promotes stand-alone human services provider agencies. Each agency has its own administrative, client services, and support functions. These duplicated functions consume scarce tax resources.

Treats problems separately even when they are interrelated

Social problems are often interconnected and treating them separately is not an effective or efficient approach. For example, where would a family with an elderly in-law with Alzheimer's disease, a parent with an alcohol problem, and child with an emotional problem go for treatment? In a categorical human services system, the family members would have to seek services from different agencies for each problem.

Forces clients to shop for services from several agencies

Clients must seek the different services they need within the complex human services system. Families and individuals who need help, but who do not understand the system's operation, may not know what treatment they need or where to get it. Clients end up being referred from one agency to another and some end up "falling through the cracks" where they do not receive needed treatment. This shuffling of individuals from agency to agency can lead to the duplication of the services and a waste of scarce resources.

Promotes competition among client groups for scarce resources

Participants in the Governor's conference, "Building Community: Policy and Practices," concluded that funding human services programs through a categorical approach can fragment client groups and communities. Categorical funding of human services can create special interest groups intent on protecting their funding. To ensure program survival, interest groups and client populations are forced to compete with one another for scarce funds. This can create separation and conflict within communities.

Human Services Funding Formulas Overlook Unique Rural Needs

A categorical approach to human services funding tends to obscure the unique human services needs of rural counties. Frequently, allocation of categorical funds made at the federal and state levels is based upon criteria more relevant to urban than rural areas.

Rural counties have many unique features that affect service delivery; for example, low population density, a larger elderly population, lack of public transportation, and mountainous terrain. Most categorical funding formulas do not take these unique rural features into consideration. The categorical approach can lead to rural counties receiving funding inappropriate to their human services needs. The state's movement toward needs-based funding is an improvement, but it still promotes a "pigeonholing" approach to the funding of the human services delivery system.

Program Integration: An Alternative Human Services Delivery Strategy

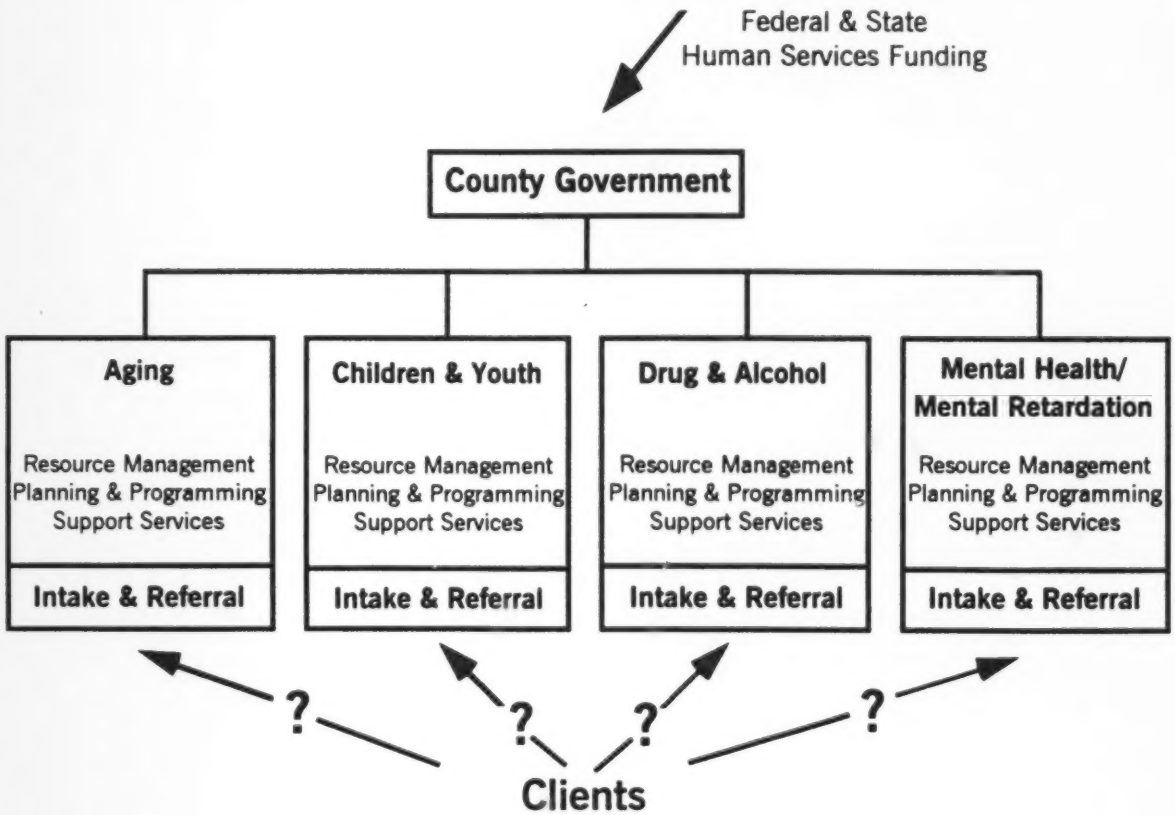
Program integration is a controversial topic which conjures up many images. Definitions of program integration vary. For the purposes of this report, integration refers to an organizational arrangement where administration and authority are centralized in a single human services department.

A fully integrated county-based human services agency would be a single department responsible for providing all human services programs. It would have a single administrator, a unified client-intake system, and tap the specialties of each social service discipline to deliver services. An integrated agency would also be responsible for planning all human services in the county and would submit a single budget to county and state government. By combining these functions in one department, an integrated system eliminates the duplication associated with categorical programs.

Categorical County Human Services Agencies

Figure 1 is a simplified model of a categorical county-based human services system. All federal and state funding for human services passes through the county government to the appropriate categorical human services agencies. Each human services agency has its own intake and referral system to process clients for the agency's narrow range of services and treatment options. Each human services agency is also responsible for its own administrative functions. The separate categorical human services agencies plan their operations separately and approach the county government for local funding independent of each other.

Figure 1. Categorical Human Services Delivery Model

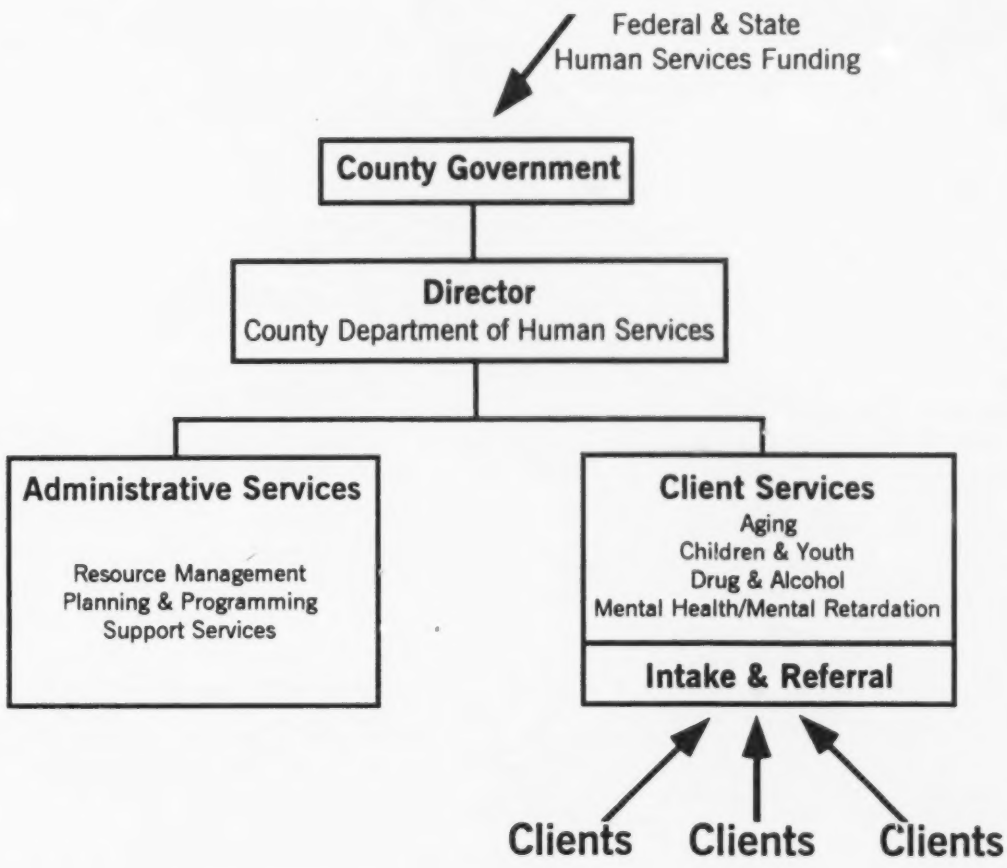


Resource Management: Includes administrative functions and tasks like accounting, budgeting, contracts, personnel, etc.
Planning & Programming: Includes functions related to program development, evaluation, planning, etc.
Support Services: Includes functions like client records, information management, etc.

Integrated County Human Services Department

Figure 2 is a simplified model of a highly integrated county-based human services department. In this highly integrated model, all federal and state funding for human services passes through the county government to a County Department of Human Services. The Human Services Department is responsible for all client services and administrative functions under the authority of a Director. The Human Services Department has a single intake and referral system and clients receive services and treatment within the agency from all the appropriate human services specialties.

Figure 2. Integrated Human Services Delivery Model



Resource Management: Includes administrative functions and tasks like accounting, budgeting, contracts, personnel, etc.
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Support Services: Includes functions like client records, information management, etc.

Case Studies of Categorical and Integrated Human Services Agencies

The following two models of county-based human services delivery are extremes on a continuum from totally integrated to categorical. In Pennsylvania, county human services delivery systems can be integrated or categorical or a mixture of the two. Even counties that provide human services through a very categorical system often involve some communication, cooperation, and coordination among agencies.

Case studies highlight how counties adapt models of human services delivery to their unique conditions and needs. The first case study is of Clearfield and Jefferson Counties which provide services through categorical programs. The second case study is of Potter County which has an integrated human services system.

Clearfield and Jefferson Counties Coordinated Human Services Effort [1]

Clearfield and Jefferson Counties cover almost 1,800 square miles of predominately mountainous terrain. According to the 1990 Census, the combined population of the two counties is over 124,000. The population is dispersed throughout the two counties in numerous small towns and farming communities. Clearfield County is over 77 percent rural and Jefferson County is over 70 percent rural.

The counties provide all their human services through categorical programs. Each county provides its own Children and Youth Services. The counties provide Mental Health/Mental Retardation Services through a cooperative agency responsible to a joint Board of County Commissioners. Each county provides Aging Services through contractors. A private contractor also provides Drug and Alcohol Services to the two counties on a joinder basis. Children and Youth Services administers the Human Services Development Fund (HSDF) in one county and the Community Action Agency administers it in the other county.

A committee of the human services agencies' directors oversees planning and funding issues. The committee forwards its recommendations to the County Commissioners for approval. A goal of the human services agencies is to coordinate their efforts. The committee of human services directors meets regularly to discuss coordination issues and ways to overcome barriers to coordination.

Potter County Human Services Agency [2]

Potter County is a heavily forested and sparsely populated county dotted with small towns. The state and forest companies own a large percentage of the county's land. Many residents of Potter County cultivate a rugged individualist image. Residents know each other and are friendly with one another, sharing a sense of independence fostered by the county's sparse population.

Several years ago, Potter County attempted to integrate all of its human services into one administrative unit. Prior to 1987, Potter County provided aging, drug and alcohol, and mental health/mental retardation services in cooperation with surrounding counties. The County Commissioners decided to integrate the human services system because they had noticed that many people felt they were not receiving needed services. The integrated system formally began in July 1987 when the responsible state agencies approved the county's Human Services Delivery System Plan. The county centralized all of its human services in a single facility called the Mapleview Complex.

Potter County's Human Services Agency has a single administrator who has line authority over the directors of the categorical programs and grant programs. Fiscal, clerical, personnel, and management operations are fully integrated. A management team comprised of the Human Services Administrator and categorical program directors meet weekly to establish and discuss administrative policy and program development. The management team annually produces a single coordinated plan and budget.

A single reception system handles all intakes and referrals. Based upon the information presented, the intake system refers cases to a particular categorical program. Case managers from the categorical programs meet weekly to discuss cases, establish priorities, and assign primary caseworkers to clients. The housing of the categorical programs in a single facility promotes communication and cooperation across program lines.

Strengths of Integration

Reduces county administrative costs
Diagnoses and refers clients for the most cost-effective treatment
Provides family-centered treatment
Promotes comprehensive planning
Encourages more staff communication and cooperation
Reduces client shuffling between separate agencies

Reduces County Administrative Costs

Integrated human services programs can provide services more cost-effectively by reducing duplication. This does not mean that expenditures for human services will decline for integrated agencies, but that counties should be able to provide more services at the same level of spending compared to categorical programs.

Diagnoses and Refers Clients for the Most Cost-Effective Treatment

Counties with integrated human services departments use a global approach to provide client services. Integrated social services departments take responsibility for diagnosing clients' needs and seeing that they get the needed treatment. Integrated departments also have a single intake system that refers clients to a primary caseworker. Primary caseworkers manage clients' treatment programs that involve any needed specialized support services. The integrated approach strives to provide services more effectively by reducing administrative and service duplication. Integrated approaches shift the burden of diagnosing service needs from clients to human services agencies.

Provides Family-Centered Treatment

Integrated human services departments are organized with the understanding that people's problems are interrelated and solutions will occur only if all the problems receive attention. It is important to address the needs of families who have multiple problems in integrated

ways because each family member's problems affect every other family member. An integrated approach can do this best. Because of their organizational structure, categorical agencies tend to treat families and individuals' problems separately.

Promotes Comprehensive County Human Services Planning

An integrated human services department is responsible for all mandated human services and for conducting comprehensive planning. An integrated human services department also has a single constituency--all county residents. The human services department submits a single comprehensive plan to county government based on a comprehensive analysis of county-wide human services needs. Categorical human services agencies submit separate plans to the county government which then has to make funding decisions based upon competing constituencies. This separate planning function can lead to competition for scarce resources between categorical human services agencies and their constituencies.

Encourages More Staff Communication and Cooperation

A goal of an integrated human services agency is to provide a single point of entry into the social services system. A family or individual seeking help goes to the human services department and is processed once through a single intake and referral system. The intake system assigns clients to primary caseworkers who are responsible for coordinating treatment programs. Typically, the primary caseworker is a social worker with expertise central to the client's problems. The primary caseworker coordinates a treatment plan that enlists the help of other social workers who have expertise related to the clients' other human services needs. Effective treatment of clients' human services problems depends on social workers cooperating and communicating with one another.

Reduces Client Shuffling Between Agencies

The aim of integrated human services is to address all of a client's human services needs within a single department--a "one-stop shopping" approach. Integrated departments accomplish this by having a single intake and referral system that assigns clients to a primary caseworker. The primary caseworker then coordinates the client's treatment program as a single package administered through the human services department. In a categorically based human services system, clients with multiple problems are responsible for seeking the services they need from the appropriate agencies. Clients must go from agency to agency for separate services that may or may not be coordinated.

Barriers to Integration

Counties seeking to integrate their human services face many barriers. Even counties with integrated programs face many barriers that complicate the delivery of services. The barriers to services integration are organizational and human.

Organizational Barriers to Integration

Categorical Funding Streams
Categorical Accounting Requirements
Duplicated State Oversight
Unproductive Confidentiality Requirements

Categorical Funding Streams

Most federal and state human services funding is categorical. The state allocates categorical funding to counties based upon formulas that use demographic and social statistics like population or percent of the population below the poverty line. Such allocations may not match counties' human services needs which can lead to under- or overfunding of programs. Categorical funding regulations also restrict a county from transferring funds from one program to another regardless of need.

Categorical Accounting Requirements

Further restricting counties' efforts of human services integration are the requirements that accompany categorical funding. Categorically funded programs restrict the use of state funds for specific categories of people and direct how counties should administer the programs. Counties must maintain separate accounts for each categorical allocation regardless of whether they have an integrated or categorical human services system. The multiple accounts increase administrative costs.

Duplicated State Oversight

At the state level, Pennsylvania has several departments responsible for overseeing county human services programs. For example, the Department of Aging oversees aging programs while the Department of Public Welfare oversees, among others, Children and Youth Programs. Each department has different rules and regulations. County human services agencies must satisfy the rules and regulations of all the appropriate state-level departments. This contributes to administrative duplication in counties.

Unproductive Confidentiality Requirements

Human services clients often have multiple and interrelated problems that cross categorical program lines. Client confidentiality is a legitimate concern that deserves the most careful protection. However, confidentiality requirements often inhibit sharing client information between human services agencies even when clients' confidentiality is protected. Burdensome confidentiality requirements can contribute to ineffective human services delivery. Integrated intake and referral systems can address the inefficiencies caused when clients must be repeatedly processed by separate categorical agencies. In addition, confidentiality requirements based on program and not clients' needs inhibit the flow of important information among human services professionals.

Human Barriers to Integration

Integration's Unproved Track Record
Resistance to Change
Interagency Competition

Integration's Unproved Track Record

Individuals opposed to integrated human services programs have legitimate concerns. One of these concerns is the quality of client services. Opponents to integrated human services

argue that there is no conclusive evidence that integrated approaches are superior to categorical approaches.

Evaluations about the success or failure of integrated human services programs are inconclusive. However, many evaluations review integration soon after the programs have begun. This does not give programs enough time to demonstrate their effectiveness. In addition, integrated human services programs vary from state to state and it is inappropriate to compare the experiences of dissimilar programs.

Resistance to Change

Integrating categorical programs requires change, and change can be threatening to those affected. People in bureaucracies tend to resist change. To integrate categorical human services agencies, the individuals involved must exchange understood rules and relationships for new ones. Change thrust upon people not prepared for it often leads to distrust and opposition.

Interagency Competition

Integrating categorical human services agencies also raises bureaucratic turf issues. When counties provide human services through categorical agencies, each agency has defined responsibilities or turf. Integrating categorical human services programs into a single agency requires individuals to abandon their former agency commitments in favor of new allegiances. The stronger the commitment to categorical programs, the greater the likelihood of turf battles.

Rural Counties: Laboratories for Innovation and Change

Rural areas have many unique characteristics which help make them suitable laboratories for innovation and experimentation. To permit rural counties to explore innovative approaches, the state needs to recognize that rural areas have unique characteristics and needs.

Small Rural Governments Can be Less Resistant to Change

The scale of government is smaller in rural counties. Small governments are often less resistant to change. Within rural communities, officials and human services personnel are often familiar with each other. These relationships can help support innovation and change of the human services systems. In rural counties, human services special interest groups are often less influential; therefore, they are less likely to be obstacles to change. Rural counties usually have relatively small human services agencies. Because the agencies are small, there are fewer opportunities for professional specialization which forces staff to be generalists. Generalist personnel are often less resistant to innovation and change.

Rural Counties Have Unique Characteristics and Needs

Rural counties also have unique characteristics and needs that encourage experimentation and change to create more effective programs. Pennsylvania's human services system was developed to respond to the needs of urbanized areas. For example, population and poverty incidences are important factors in human services funding formulas and tend to favor urban areas. Two obstacles to effective human services delivery in rural counties are geography and infrastructure (roads, public transportation, etc.). These factors make it more costly and time-consuming to provide human services in rural counties. Cultural factors also influence rural human services delivery. Experience has shown that effective rural human services delivery requires caseworkers to personalize services to specific client needs.

Policy Options

Human Services Block Grants
Flexibility to Transfer Funds Between Categorical Programs
Funding That Addresses Unique Rural Needs

Categorical and integrated human services programs each have their supporters and opponents. The decision about how counties administer their human services programs is as much political as it is technical. Local policymakers must balance competing demands and interests against county needs and resources to decide the most appropriate method of human services delivery. Therefore, the state should not force integration upon counties. Instead, state policies should facilitate integrated human services programs in those counties that want to use this approach. Some state policies make it difficult for counties to integrate human services agencies.

Greater flexibility in how counties use state funding would facilitate integrated human services programs. Currently, most state funding for county-based human services is categorical. The rules and regulations associated with categorical funds frustrate counties' efforts to provide integrated human services. In addition, statewide funding priorities based on categorical allocations may not reflect unique local conditions and needs. State policymakers have a variety of options to more flexibly fund county human services programs. These options range from abandoning the categorical funding approach to modifying how the state allocates categorical funds and how counties spend these funds. Below are a number of policy options.

Human Services Block Grants

Adopting a block grant funding approach for human services programs would require combining all categorical funding into a single stream. Counties would use their human services block grants to provide services appropriate to local conditions and needs. Funding human services with block grants would decentralize decision-making about program priorities from the state to the county level. Such an approach would promote greater local participation in the human services decision-making process.

Funding county-based human services with a block grant would also reduce counties' administrative costs. Counties would only have to satisfy rules and regulations for a single state allocation. This would be less costly than the current system where counties must satisfy the rules and regulations for each categorical funding source.

The state should implement block grant funding incrementally because it will take counties time to prepare for the change. Also, state-supported capacity-building for county human services leaders and providers may be necessary to promote effective use of block grant funding.

Besides counties' capacity to adapt to a human services block grant approach, there is also the potential for abuse. Without state oversight, powerful constituency groups within counties could receive a disproportionate share of funding for programs that address their needs at the expense of less powerful groups. Broad goals and guidelines set by the state would permit counties to determine locally appropriate ways to meet the essential human services needs of all client groups.

Flexibility to Transfer Funds Between Categorical Programs

Currently, counties cannot transfer funds from one categorical program to another based upon local needs. The flexibility to transfer money between programs would require safeguards to ensure client needs are equitably served and to prevent abuses. Legislation could allow counties the flexibility to transfer categorical funds across programs, while assigning state agencies oversight responsibilities. The state could accomplish flexibility and oversight by creating a waiver system. Waivers would permit counties to transfer a designated amount of money from one categorical program to another upon approval of the appropriate state agency.

Funding That Addresses Unique Rural Needs

It is important that state policymakers recognize that rural areas have unique needs. Because rural areas are ideal laboratories for innovation, state policy should make it easier for rural counties to experiment with integrated human services programs. Currently, state policies emphasize a categorical approach. Current policies and regulations make it difficult for rural counties to experiment with integrated human services programs. A policy option is to support innovative pilot projects or create inducements that allow counties to develop integrated human services programs.

Even if the state continues to emphasize a categorical approach for human services, it can adopt measures that recognize the unique needs of rural areas. Categorical funding formulas need to emphasize more than population and incidence of poverty which favor urbanized areas. Formulas that determine categorical human services funding also need to take into consideration characteristics that affect rural human services delivery. Factors that the state should consider when funding categorical human services programs include population density, distance to be traveled, and amount and condition of infrastructure.

Concluding Comment

Pennsylvania's decentralized county-based human services delivery system is ill-suited for top-down change. The system is better suited for innovation at the local level. Rural counties are especially suited to experiment with innovative approaches because they have smaller governments and smaller human services systems.

Program integration is an innovative approach that can make rural human services more effective and efficient. Because of restrictive state rules and regulations, only a few rural counties have integrated human services systems. The policy options outlined in this report--human services block grants, flexibility to transfer categorical funds between programs based on local needs, and funding rural programs based on their unique needs--would facilitate program integration in rural counties.

Notes

1. Modified from materials prepared by the Clearfield/Jefferson Drug and Alcohol Commission in *Considerations on Integrative Structure, Conditions and Alternative Models for County Human Services Delivery*, E. Martinez-Brawley and Sybil Delevan, Center for Rural Pennsylvania, pages 110-11, 1991.

2. Modified from materials prepared by the Potter County Human Services Agency in *Considerations on Integrative Structure, Conditions and Alternative Models for County Human Services Delivery*, E. Martinez-Brawley and Sybil Delevan, Center for Rural Pennsylvania, pages 101-2, 1991.